

Youth Ministry Activity Waiver Form

Parish Information

Sacred Heart Parish
13716 Saratoga Avenue
Saratoga, CA 95070
Contact Name: Gabriel Lee

Location #: 242
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NOTICE TO ADMINISTRATORS/SUPERVISORS: THIS FORM MUST BE COMPLETED AND COPY FILED WHEN A STUDENT PARTICIPATES IN AN ACTIVITY SPONSORED BY THE PARISH. REFER ANY QUESTIONS TO RISK & INSURANCE MANAGEMENT TELEPHONE: 408-983-0250 / FACSIMILE: 408-983-0271.

Student Personal Information

Student Name:	<input type="text"/>	Home Telephone:	<input type="text"/>
Home Address:	<input type="text"/>	Mobile Telephone:	<input type="text"/>
Parent/Guardian Name:	<input type="text"/>	Mobile Telephone:	<input type="text"/>
Medical Plan Name:	<input type="text"/>	Policy Number:	<input type="text"/>
Medical Plan Address:	<input type="text"/>	Telephone:	<input type="text"/>
Emergency Contact Name:	<input type="text"/>	Telephone:	<input type="text"/>
Emergency Contact Name:	<input type="text"/>	Telephone:	<input type="text"/>

Activity Information

Date of Activity:	<input type="text"/>	Name of Activity:	<input type="text"/>
Time of Activity:	<input type="text"/>	Location of Activity:	<input type="text"/>

Waiver Authorization

FORM MUST BE COMPLETED IN ALL RESPECTS, SIGNED AND DATED TO AUTHORIZE THE WAIVER.

I HOLD THE PARISH AND DIOCESE OF SAN JOSE HARMLESS FROM ANY CLAIM OF INJURY, SICKNESS, ILLNESS OR DAMAGE THAT MY CHILD MAY SUFFER OR SUSTAIN DURING THE ACTIVITY LISTED ABOVE, WITH EXCEPTION TO INJURY OF DAMAGES ARISING OUT OF THE SOLE NEGLIGENCE OF THE PARISH OR DIOCESE OF SAN JOSE.

I ATTEST THAT MY CHILD IS PHYSICALLY FIT TO PARTICIPATE IN THIS EVENT.

IN THE EVENT MY CHILD BECOMES ILL OR INJURED, I DO HEREBY CONSENT TO WHATEVER X-RAY, EXAMINATION, MEDICAL OR TREATMENT AND HOSPITAL CARE ARE CONSIDERED NECESSARY IN THE BEST JUDGEMENT OF THE ATTENDING PHYSICIAN AND PERFORMED BY OR UNDER THE SUPERVISION OF A MEMBER OF THE MEDICAL STAFF OF THE HOSPITAL FACILITY PROVIDING THE TREATMENT.

I AM NOT AWARE OF ANY MEDICAL CONDITION WHICH WOULD RENDER IT INAPPROPRIATE FOR MY CHILD TO PARTICIPATE IN ANY SUCH ACTIVITY. I AUTHORIZE AND GIVE FULL CONSENT, WITHOUT LIMITATION OR RESERVATION, TO SACRED HEART PARISH TO PUBLISH ANY PHOTOGRAPHS OR VIDEOS IN WHICH MY CHILD APPEARS WHILE PARTICIPATING IN YOUTH MINISTRY. THERE WILL BE NO COMPENSATION FOR USE OF ANY PHOTOGRAPHS OR VIDEO AT THE TIME OF PUBLICATION OR IN THE FUTURE.

Parent Signature: Date Signed:

Internal Use Only
Waiver Received By: Date Received: